



July 31, 2012

Managed Risk Medical Insurance Board

P.O. Box 2769

Sacramento, CA 95812-2769

Submitted electronically via hfptransition@mrrib.ca.gov

RE: Comments on the Managed Risk Medical Insurance Board's Draft Transition Plan for the Transition of Healthy Families Program Subscribers to Medi-Cal (July 18, 2012)

To Whom It May Concern:

The Community Clinic Association of Los Angeles County (CCALAC) is pleased to respond to the July 18, 2012 Draft Transition Plan for the Transition of Healthy Families Program (HFP) Subscribers to Medi-Cal (Draft Plan) issued by the Managed Risk Medical Insurance Board (MRMIB).

CCALAC represents 47 nonprofit community clinics and health centers (clinics) serving nearly 1 million patients at over 145 licensed sites throughout Los Angeles County (LA County). These clinics provide high-quality, cost-effective primary, dental, and specialty care as well as enabling services (i.e. translation, transportation services, smoking cessation classes) to nearly 1 million low-income, uninsured and underserved individuals and their families.

CCALAC has reviewed the Draft Transition Plan, and respectfully submits the following recommendations to better facilitate the transition of HFP subscribers into Medi-Cal. CCALAC's concerns have been largely informed by other similar efforts, including the transition of Seniors and Persons with Disabilities (SPDs) into managed care:

Give clear, targeted and timely notification to HFP members of Transition Plan

To ensure that HFP members are able to successfully transition to their new system of care, it is critical that they receive targeted, clear, culturally-appropriate and timely information on the transition.

- **Timely:** It is critical that beneficiaries get adequate notice prior to the transition. During the SPD transition, beneficiaries received minimal notification, or did not see the notification at all. Often, beneficiaries only learned that their provider had changed when they went to make an appointment or refill a much-needed prescription.
- **Clear:** Communications must be clear and appropriate for the population it intends to reach. The information sent to SPDs was lengthy and confusing to beneficiaries, and hence ignored. All written communication directed at beneficiaries be written for a low-literacy audience.
- **Targeted:** In addition to direct mail communications, HFP enrollees should receive notification through other targeted avenues such as telephone and through their current providers. MRMIB and

- health plans may wish to collaborate on identifying and delegating a range of outreach strategies to beneficiaries.
- **Culturally Appropriate:** In addition, we recommend that in the written letter (on page 10 of the Draft Plan), beneficiaries are informed of oral interpretation services and that they are available at all points during the HFP Transition, including assistance with health plan choice. Beneficiaries should know of this assistance and that it will be provided in any language at no cost as required by state and federal law.

Understanding that this is MRMIB's first, high-level Draft Plan for the HFP Transition, CCALAC looks forward to receiving more detail on MRMIB's communication strategy to ensure that families receive adequate, clear communication of all changes as a result of the HFP Transition.

Engage the entire spectrum of current and new providers in advance to facilitate a smooth transition

Past experience confirms that having the state only communicate directly with beneficiaries is ineffective. Since beneficiaries naturally make more frequent, local contact with providers, adequately engaging providers during the HFP Transition will be critical to ensure that clear and correct information is disseminated to HFP beneficiaries and that they are seamlessly transitioned into Medi-Cal.

- **Copies of Notices:** During the SPD transition, beneficiaries turned to their providers for clarification of recent changes related to their care and health care coverage status since literature sent from the state was difficult to understand. As we observed, not including the beneficiary's health care providers during the SPD transition led to much confusion for the beneficiaries and the providers who were absorbing responsibility for these new populations. The most effective approach is for providers or beneficiary advocates to directly communicate with the beneficiaries. Providers and beneficiary advocates must be sent copies of all notices that go out to beneficiaries.
- **Entire Spectrum of Providers:** CCALAC believes it critical to inform community clinics and health centers and public hospitals, as well as other major provider groups that are expected to be impacted (i.e. providers in the Medi-Cal plan contracts accepting patients, HFP providers that may no longer see beneficiaries because they do not contract for Medi-Cal) of the Member Notice process and progress of the HFP Transition.
- **Current and New Providers:** MRMIB and health plans must engage in significant outreach with beneficiaries' current and new providers and include them in the HFP Transition process, in order to ensure that clear, comprehensive, and correct information is disseminated to beneficiaries.
- **Advance Notice:** Providers must be informed about the finalized Transition Plan/Schedule well in advance of the transition.

Incorporate concurring dental systems changes to inform HFP Transition process

LA County's Medi-Cal dental system is undergoing its own transformation, due to a May 29, 2012 California Health Care Foundation's Center for Health Reporting article that highlighted shortcomings with the dental managed care system and dental care access for LA County children enrolled in Medi-Cal. In response, the state Department of Health Care Services (DHCS) has initiated a Stakeholder Process entirely focused on LA County. The purposes of the Stakeholder Group through this process is to: 1) identify barriers to dental care access for children and pregnant women enrolled in Medi-Cal's dental care system in LA County, and 2) identify and implement solutions to improve access to dental care for these children and pregnant women.

- **Utilize Stakeholder Process to Inform HFP Transition:** Since the system changes to be made as a result of the DHCS Stakeholder Process for LA County's Medi-Cal dental system will inevitably affect the transition of HFP beneficiaries into dental care, CCALAC encourages MRMIB to

participate in the Stakeholder Process. DHCS has already expressed its commitment to ensuring that LA County's Stakeholder Process will not only inspire appropriate improvements to the dental system but also inform the HFP Transition as it relates to dental benefits. CCALAC is confident that MRMIB will take away valuable information on concurring systems changes within LA County's Medi-Cal dental program that it can incorporate into its evolving HFP Transition process. Otherwise, CCALAC looks forward to the forthcoming detail on MRMIB's process with Maximus to transition LA County's HFP children as it relates to dental benefits.

Distribute a separate, low-literacy level member notice regarding dental benefit choices

With the many components and changes associated with the HFP Transition that beneficiaries need to be notified and aware of, it is important for MRMIB to generate a separate member notice for LA and Sacramento counties regarding dental benefit choices that is appropriately directed at a low-literacy audience in order to ensure that beneficiaries are clearly informed of their respective county-specific dental systems that they are expected to soon navigate.

- **Separate:** Since the Medi-Cal dental benefit package will be delivered to transitioning HFP beneficiaries either through LA County's Denti-Cal managed care or fee-for-service systems, MRMIB should generate at least one separate notice explaining LA County Denti-Cal's voluntary dental system and beneficiaries' options. The same should be done to explain Sacramento's unique dental system.
- **Low-Literacy Level:** The communication should include a simple, low-literacy explanation of the fundamental differences between receiving dental services through managed care versus fee-for-service.
- **Choices:** Transitioning HFP beneficiaries should be clearly informed that they can choose to select into managed care or fee-for-service and that if they opt for managed care, they can switch over to the fee-for-service dental system at any time.

Pilot test the MEDS Transactions to ease high volume of information technology work

The draft plan attempts to address potential glitches in the MEDS billing system by phasing in the transition of 880,000 children over the course of the year. However, the draft plan would start with the largest transition, 138,000 children per month the first month, and scale down with each subsequent quarter.

- **Ease high volume:** Due to the intensive nature of the information technology work involved in processing patient transactions to update MEDS as well as the health plan, dental plan and vision plan, MRMIB should urge Maximus to pilot test the MEDS transactions. This would help towards addressing technical glitches and gaps early on before endeavoring to process transactions for all HFP beneficiaries.

Conclusion

In summary, the Draft Plan is vague but provides a significant opportunity to anticipate and address the myriad of issues with the HFP Transition. CCALAC's member clinics continue to experience significant challenges with the transformation required in preparation for reform but remain committed partners in making expanded access, improved quality and better care coordination a reality for all LA County residents. CCALAC looks forward to working with the state, plan, and provider level to ensure that the HFP Transition is a success for all involved.

CCALAC appreciates the opportunity to comment on MRMIB's Draft Plan. If there are any questions regarding the above comments, please contact me at lmccarthy@ccalac.org or (213) 201-6500.

Sincerely,

A handwritten signature in blue ink, appearing to read "Louise McCarthy".

Louise McCarthy, MPP
President & CEO

cc: Ernesto Sanchez, Deputy Director, Eligibility, Enrollment & Marketing Division, MRMIB



Health Care Access for All

August 6, 2012

Janette Casillas
Executive Director
The California Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814

RE: Transition of HFP Subscribers to Medi-Cal Draft Transition Plan

Dear Ms. Casillas,

The California Primary Care Association (CPCA) appreciates the opportunity to comment regarding the Transition of Healthy Families Subscribers to Medi-Cal Draft Transition Plan (the Plan). The California Primary Care Association represents more than 800 not-for-profit community clinics and health centers in California that provide comprehensive, quality health care services to primarily low-income, uninsured, and underserved Californians. The Healthy Families Program (HFP) has successfully served California's children for nearly fifteen years by providing low cost health, dental, and vision coverage, and CPCA seeks to continue partnering with HFP and MRMIB to ensure as seamless and successful a transition as possible. As you are aware, CPCA was a part of the larger coalition of stakeholders who advocated against the elimination of HFP. We understand and share your deep commitment to ensuring that California's children continue to receive quality medical, dental, and vision care as they transition to Medi-Cal and look forward to working with you toward that end.

We are generally supportive of the Draft Transition Plan and appreciate the thoughtfulness it demonstrates; however, we wish to further emphasize several issues, including the importance of ensuring adequate provider coverage and continuity of care.

We respectfully submit the following comments:

Member Notices

CPCA supports the active, comprehensive outreach scheme outlined in the Plan and the level of preparedness demonstrated by the Call Center Scripts. We also support the inclusion of public and stakeholder input. However, to ensure that clear, comprehensive, and correct information is disseminated to the transitioning families, it is critical to ensure that all communications are culturally and linguistically sensitive. It is also critical to include health care providers as key players in the development of outreach and education plans, given that beneficiaries will naturally turn to their providers for information regarding their health care coverage status.

Recommendation

CPCA recommends including a comprehensive notice plan targeted at providers as well as patients, so that providers will be aware of the upcoming transition and when it will impact their patients. CPCA also recommends including a comprehensive education plan targeted specifically at providers. These two measures will help ensure that patients and providers are on the same page, and will help enable providers to answer questions and concerns from their patients. Additionally, all written communications sent to beneficiaries should be written for a low-literacy audience and be made available in all Medi-Cal threshold languages.

Plan Coordination (Health, Dental, & Vision)

CPCA is very supportive of the Plan's proposal to hold joint and coordinated meetings between MRMIB, DHCS, and the Health, Dental, and Vision plans, and to conduct a network analysis. It is also important to work closely with and include community clinics, health centers, and public hospitals in the process, as they will be responsible for absorbing the influx of these children. Additionally, we appreciate the focus on maintaining continuity of plans for children where possible, but there should also be a strong focus on continuity of *provider*, not just continuity of plan.

Providing for comprehensive dental care is essential to ensuring a successful transition, and we strongly urge that adequate dental care be a priority in the Plan. Cutting back on dental care for children will only cause additional cost to the state in the long term, as emergency room visits for preventable dental problems cost the State \$55 million in 2007.¹

Recommendation

CPCA recommends that MRMIB and DHCS integrate community clinics and health centers in the transition planning and include these stakeholders and providers in the health plan network analysis. We also recommend that the focus not be entirely on providing continuity of plan for transitioning children, but continuity of provider where at all possible, to ensure the least amount of disruption and confusion for families as they transition. Further, CPCA strongly recommends that MRMIB and DHCS work towards ensuring that children, once transitioned, will have access to dental care by expanding the network of private providers to cover the influx of children.

Administrative Vendor Changes

We are appreciative of the Plan's acknowledgment of the anticipated increase in call volume, and support the development of a plan to address these additional calls. The inability of a beneficiary to get through the call system or to have to endure exorbitantly long wait times will only add to the confusion of the transition and the rights and responsibilities of families regarding their children's coverage. Further, culturally and linguistically appropriate staff should be available to field calls, and beneficiaries should be made aware of this assistance.

Recommendation

CPCA recommends dedicating additional staff to field the influx of calls regarding the transition, and to have these additional staff trained and in place *before* any children are transitioned. Call staff should be culturally and linguistically trained to handle a diverse beneficiary population and ensure cultural competency and sensitivity in all interactions with beneficiaries. Further, we recommend the formation of a Systems Taskforce that will work towards coordinating between vendor and the plans to handle the high volume of IT transactions and help resolve the risks to beneficiaries associated with potential systematic "glitches." Additionally, the Taskforce can aid in fielding questions from providers as well as beneficiaries, as providers will be getting a lot of questions from their patients and will also need a source of information.

Outstanding Policy Issues

CPCA supports the Plan's goal of working with DHCS to ensure that families with income greater than 150% FPL who transition to Medi-Cal in the month that they would have had a free month had they still

¹ Emergency Department Visits for Preventable Dental Conditions, a report by the California Healthcare Foundation <http://www.chcf.org/publications/2009/03/emergency-department-visits-for-preventable-dental-conditions-in-california#ixzz1jm7RXanD>.

been in Healthy Families will still receive that month free in Medi-Cal. Requiring these families to pay a Medi-Cal premium unfairly penalizes them and denies them a benefit which they have earned and were promised.

Recommendation

CPCA strongly urges MRMIB to continue working with DHCS to develop a plan to waive premiums for this group of families and ensure that they receive the fourth month free benefit which they have earned.

Recommended Transition

CPCA strongly supports the Plan's proposal to take a monthly staggered approach to transitioning children within each phase rather than transitioning all children within a phase at one time. This approach will help to reduce the potential for glitches in MEDS, administrative burden, and excessive calls. However, the transition timeline is tight, even taking a staggered approach, thus a system needs to be in place to handle systematic amendments that must be made in order for the transition to successfully move forward.

Recommendation

CPCA suggests forming a task force that would be responsible for monitoring the staggered transition and addressing any issues, glitches, and confusion that results from transitioning the first group of children on January 1, 2013. The task force can also work towards crafting and implementing amendments to the system as needed as the transition progresses and help quickly and systematically resolve problems moving forward.

We appreciate the ability to offer comments on the Transition Plan. If you have any questions about these recommendations, please do not hesitate to contact Associate Director of Policy, Meredith Carr, at (916) 440-8170 or mcarr@cpca.org. Thank you for your attention and consideration.

Sincerely,



Deborah Ortiz
Vice President of Government Affairs
California Primary Care Association



JONATHAN E. FIELDING, M.D., M.P.H.
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August 7, 2012

Janette Casillas
Executive Director
Managed Risk Medical Insurance Board
P.O. Box 2769
Sacramento, CA 95814

RE: Initial Comments on Draft Healthy Families Transition Plan to Medi-Cal

Dear Ms. Casillas,

The Los Angeles County Department of Public Health's Children's Health Outreach Initiatives (CHOI) Program administers contracts with community-based agencies, cities and schools to expand health coverage for children in Los Angeles County. These contracted agencies conduct outreach in the community and provide comprehensive health coverage enrollment services to uninsured families. Agencies not only assist clients with applications for Medi-Cal, Healthy Families, Healthy Kids and other low- and no-cost coverage programs, but also troubleshoot application problems and help clients with difficulties utilizing their program benefits.

CHOI respectfully submits the following comments, questions and suggestions with regard to the initial draft transition plan of Healthy Families subscribers to Medi-Cal:

Communicate to media and enrollment community that the Healthy Families Program remains OPEN
Our contracted agencies have been informed numerous times over the last two months that Spanish-language television and radio, particularly Univision, has been stating on air that the Healthy Families Program (HFP) has been cut, and it is now closed. These families' calls to our agencies are frantic, full of concern that their child's health insurance has been eliminated and wondering in some cases if they should cancel or postpone their child's surgery for fear that if they are no longer covered, they cannot afford to pay out-of-pocket.

MRMIB must immediately disseminate clear information to the media and enrollment entity/certified application assistant (CAA) networks that HFP remains open and current subscribers will retain insurance coverage. MRMIB should immediately send press releases, in both English and Spanish (at a minimum) to the media to clarify this information. The information also needs to be posted prominently on the MRMIB and HFP websites, and a fact sheet should be developed (in both English and Spanish) and posted on the website and disseminated to CAA networks, as well as included in CAA newsletters.

Coordination with Health Plans:

CHOI looks forward to gaining further clarification and concrete next steps, including timelines regarding the Health Plan Network Analysis (for medical, dental and vision plans). How will MRMIB and DHCS work with health plans to assess network overlap and determine if providers in the Medi-Cal plans are willing to accept new patients? How will this assessment be coordinated to ensure that providers are responsive?

With regard to possible enrollment caps by Medi-Cal providers, DPH would like to recommend that DHCS provide an extra incentive/s to Medi-Cal providers who do not institute enrollment caps and remain open to accepting former Healthy Families subscribers. Such incentives may include priority assistance with conversion to Electronic Health Records (EHR), and the ensuing incentives that accompany EHR conversion. MRMIB must work closely with DHCS must ensure that as many Medi-Cal providers as possible are open to and will accept the newly transitioned HFP children. If results from this network analysis show gaps in Medi-Cal providers accepting new patients, both agencies must develop a contingency plan to ensure that children have a Medi-Cal provider that is accessible and that continuity of care is not lost.

Dental Coverage Transition in Los Angeles County:

While CHOI anticipates receiving more detailed information on MRMIB/DHCS's process with Maximus to transition Los Angeles County HFP children into Medi-Cal dental plans, we would like to strongly suggest that Los Angeles County families are educated and made fully aware that they have the option to choose Medi-Cal fee-for-service dental care once they are enrolled in a Medi-Cal Managed Care dental plan. Data from the California Health Care Foundation shows that only 23% of Los Angeles County children enrolled in a Medi-Cal dental plan visited a dentist in 2011. With dental care utilization being a top priority for all children, it is imperative that these new Medi-Cal subscribers are clearly informed that they have a choice to remain in dental managed care, or seek out a fee-for-service Medi-Cal dental provider.

Communication with Local Department of Public Social Services (DPSS)

The local DPSS offices in Los Angeles County will be receiving over 220,000 new Medi-Cal cases as the result of the transition. CHOI agencies work closely with our local DPSS district offices to help families obtain and retain M/C benefits and services. For the sake of the HFP families, and to help families understand the transition of the oversight of their health coverage, HFP families must be clearly informed of new contact information for their new eligibility worker/s. This transition will be confusing and frustrating to clients unfamiliar with communicating with public social service offices. With this in mind, CHOI would recommend developing messaging not only for transitioning families but training materials (or informational fact sheets) for DPSS eligibility workers to understand the HFP clientele, how they previously obtained customer service in HFP and how their premium payments structure and processes will change.

Mental Health Service Transition

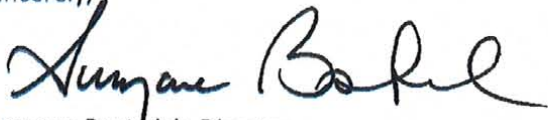
MRMIB and DHCS should provide stakeholders a detailed transition plan for HFP subscribers who will now be receiving their services through county Departments of Mental Health (DMH). How will service delivery change? How will patient histories and charts be transitioned to provide the best continuity of care? How will MRMIB/DHCS ensure that each county DMH is prepared for the caseload of children? MRMIB, DHCS and the County DMHs must coordinate with regard to communicating with families, ensuring the smooth transition of mental health care providers and handling questions and grievances with the transition and utilizing services.

Call Center Response

CHOI appreciates the draft responses from Maximus regarding anticipated questions that the HFP Call Center may receive on the transition. CHOI would recommend that all families whose children are uninsured and are not certain if they should still apply are *immediately* told that HFP remains open and are encouraged to apply. Information about the shift of HFP to Medi-Cal is important, but can be complex and should be added at the end of the conversation script rather than right at the beginning. The first response from the Call Center respondent should be a definitive and clear "yes, HFP is still open for new enrollment, and we encourage you to apply".

We look forward to receiving further details on the transition and future opportunities to provide comment. Please feel free to contact me at 213-637-8482, sbostwick@ph.lacounty.gov if you have any questions about these comments or would like to discuss further. Thank you for your time and consideration.

Sincerely,



Suzanne Bostwick, Director
Children's Health Outreach Initiatives

C: Managed Risk Medical Insurance Board Members:

Cliff Allenby
Samuel Garrison
Ellen Wu
Shelley Rouillard
Jack Campana
Katie Johnson



CH1LDREN NOW



August 8, 2012

Edmund G. Brown Jr., Governor
State of California
State Capitol, Suite 1173
Sacramento, CA 95814

Diana S. Dooley, Secretary
Health & Human Services Agency
1600 9th St # 460
Sacramento, CA 95814

RE: Actions Necessary to Ensure a Smooth Transition for Children in Healthy Families

Dear Governor Brown and Secretary Dooley:

Our undersigned organizations are deeply disappointed by the final budget decision to transition the Healthy Families Program and its nearly 900,000 enrolled children to Medi-Cal beginning as soon as January 2013. While we appreciate that the Trailer Bill Language (AB 1494) regarding the implementation of this transition seeks to provide for a smooth transition for Healthy Families enrollees, we believe additional implementation details will need to be sorted out in order to ensure compliance with federal law and to ensure that children will transition seamlessly and have timely and adequate access to care.

The budget Trailer Bill Language requires the California Health and Human Services Agency (CHHS) to submit an overall strategic implementation plan to the Legislature by October 1, 2012, as well as a detailed plan for each of the four transition phases and monthly status reports. As part of the stakeholder consultation called for in the bill, we look forward to working closely with CHHS and Department staff over the next few months to develop this strategic implementation plan and the associated transition plans. We are pleased to share some of our initial thinking and concerns with you here.

ASSURANCES OF CHILDREN'S ACCESS TO CARE

During the budget negotiations, legislators repeatedly referred to assurances provided to them from Administration officials that the Department of Health Care Services (DHCS) would not move forward with implementing the transition phases unless and until the State was sure that all children transitioning to Medi-Cal would have a provider to care for them. Like many other advocates and providers, we have serious concerns about access to care for children *currently* in Medi-Cal, and are concerned that access to care in an already fragile delivery system will be further threatened as hundreds of thousands of Healthy Families children transition into Medi-Cal and seek services from the same providers, or seek services in areas where there are already too few providers serving Medi-Cal patients, as in many rural areas of the state.

The approved budget requires DHCS and the Department of Managed Health Care (DMHC) to assess Medi-Cal managed care health plan network adequacy in accordance with Knox-Keene standards. However, a retrospective analysis of provider network overlap between Healthy Families and Medi-Cal plans does not provide an accurate picture of provider adequacy for this new group of enrollees in Medi-Cal. We believe the Departments within the Administration should undertake the following *prior to implementation of each transition phase* in order to fulfill the assurances of access to care made when the Legislature voted to approve the transition.

- Collect reliable, publicly accessible, and timely data from health plans, DHCS, DMHC, and the Managed Risk Medical Insurance Board (MRMIB) to establish a baseline of access and enable ongoing monitoring of children's access to care. To understand and properly evaluate access, information will be needed from actual health plan provider network surveys and contracts about the willingness of providers, based on rates they will be paid, to accept new Medi-Cal patients, as well as any providers' limits for Medi-Cal patients within their practice.

- Develop and communicate Medi-Cal managed care plan rates so that health plans can attest to the geographically specific adequacy of provider availability and networks.
- Closely examine Medi-Cal managed care plans' compliance with existing DMHC Knox-Keene and Timely Access to Non-Emergency Health Care Services Regulations, specifically: time and distance quality assurance standards (e.g., being able to get an urgent care appointment in 48-96 hours, a non-urgent primary care appointment within 10 days, or a specialist appointment within 15 days); and the number of pediatric providers and pediatric specialists, including a comprehensive look at the statutory and contractual maximum member-to-physician ratios (as a plan's various lines of business could be combined as part of the transition). Aggregated timeliness of access data from all licensed managed care products for the total population will not be sufficient to assess whether children in Medi-Cal managed care plans will be adequately served and able to see a provider when needed.
- Affirmatively demonstrate and *certify* that a given Medi-Cal managed care plan is ready to handle additional enrollees, complies with DMHC quality assurance standards, and has adequate access to provider networks for Medi-Cal enrollees before any transition phase can begin. When access to care cannot be affirmatively demonstrated, DMHC, in exercising their existing licensing and oversight enforcement authority, would work with health plans and DHCS to develop a detailed plan for corrective action.
- Establish an analogous access assessment and certification standard for Medi-Cal providers compensated in a fee-for-service model – this is particularly important for children's access to dental providers as the vast majority of Healthy Families children will be transitioning into Denti-Cal fee-for-service. Because of regional and local variation, it is important that the analysis of fee-for-service providers be done on a county-by-county basis.
- Articulate a contingency plan for children who transition into a Medi-Cal managed care health plan in a community where the Denti-Cal fee-for-service system does not demonstrate sufficient capacity to serve them; and consider alternatives, including maintaining dental coverage for Healthy Families children through the dental managed care plans with existing Healthy Families contracts until sufficient capacity is shown in Denti-Cal fee-for service.
- Define the parameters and metrics for an ongoing and timely access monitoring plan, with regular reporting to the Legislature and stakeholders, that would: evaluate via survey or audit how many Medi-Cal children (broken down by income and eligibility strata) are not able to set up a timely appointment with their own or another provider; utilize an independent auditor or disguised observer study to assess timely access to care; and incorporate feedback based on calls or complaints submitted to the DMHC Help Line, county welfare offices, and MRMIB vendors, as well as through the Medi-Cal grievance and appeals process.

ALIGNED AND SEAMLESS ELIGIBILITY AND ENROLLMENT PROCEDURES

We stand ready to work with DHCS and MRMIB to design the specific elements of a seamless transfer of Healthy Families enrollees to Medi-Cal as well as the process for accepting new applications from targeted low-income eligible children. As required by the federal Maintenance of Effort provisions in the Affordable Care Act, children in Healthy Families should not be subject to any more restrictive eligibility procedures than currently exist in Healthy Families. For example, Healthy Families enrollees should be able to maintain their one year of continuous eligibility coverage even if their transfer occurs within the year. This one-year continued coverage also becomes a factor in how the Department intends to transfer the Healthy Families children into Medi-Cal. The transfer process should not include additional determinations that may jeopardize a child's continuous eligibility tied to the date of their Healthy Families annual renewal. (See more on the transfer process below).

Many of the eligibility rules and procedures in Healthy Families and Medi-Cal are the same, but those Healthy Families processes that are less restrictive than Medi-Cal should be incorporated into the Medi-Cal eligibility procedures for all children. For example, Healthy Families has a 60-day grace period before a termination

process begins for unreturned renewal forms. There is also the ability to reinstate coverage without reapplying 30 days after their termination when renewal forms weren't returned. In addition, Healthy Families offers a pre-populated annual renewal form on which families only have to report changes and income. This process should be incorporated into Medi-Cal's redetermination process for all children. Some counties provide Medi-Cal pre-populated renewal forms, whereas other counties require additional documentation and assets information at redetermination, which is more restrictive than current Healthy Families procedures. We recommend that the State work with stakeholders and federal officials in outlining what other less restrictive eligibility procedures would need to be incorporated into Medi-Cal.

New applications coming through the Single Point of Entry (SPE) should all be treated the same; that is, if a child is screened eligible for Medi-Cal (whether traditional Medi-Cal or CHIP Medi-Cal) she should be eligible for accelerated enrollment (AE) or immediate coverage while the application is forwarded to the county. There is not a satisfactory rationale for treating Medi-Cal eligible applicants differently. Certainly, old "stair step" eligibility rules should not determine which Medi-Cal-eligible applicants receive AE and which have to wait for their application to be forwarded to the county for a determination before receiving coverage.

With regard to the transfer of Healthy Families enrollees into Medi-Cal, the process should be as seamless as possible and not require additional information from the family when such information already exists. In addition, as mentioned, the one-year continuous eligibility coverage from the date of a child's Healthy Families renewal should be maintained. DHCS should also consider how to ensure that Healthy Families children transitioning to Medi-Cal are not paying premiums when they are in fact below the income threshold for premiums. Some Healthy Families children may appear to be subject to Medi-Cal premiums due to their Healthy Families calculated income even though their income is actually below the 150% of the federal poverty level threshold using Medi-Cal methodologies (or due to changes in income within the year). Our preferred approach would be to place all transferring children in a non-premium aid code until their annual redetermination in Medi-Cal is able to correctly determine income. In almost all cases, this annual redetermination (based on their Healthy Families renewal date) will occur in less than a year from their transfer.

ESTABLISHING FAIRNESS IN COST-SHARING

Approximately 17,000 families in Healthy Families participate in a premium discount program where families may pay premiums in advance for a reduced price (i.e., pay for four months of coverage at the three-month premium rate). The Trailer Bill Language maintains the premium discount program but explicitly prohibits refunding/crediting families for premium arrangements they made when in Healthy Families coverage. The Administration should clarify that the State will honor its previous commitments, and that if families participated in an advance premium payment discount program, they should receive a refund or credit when the advance premiums period overlaps with their transition to Medi-Cal. In addition, DHCS should also work with MRMIB to make any needed adjustments to Electronic Funds Transfer (EFT) of premium payments in a way that is as streamlined and simple for families as possible.

According to federal Medicaid rules, the State is responsible for monitoring that premiums and cost-sharing do not exceed the 5% out-of-pocket cap (a responsibility that does not fall on families). This may need to involve contracting with the health plans to track and report individuals' copayments. The State will likely need to provide a detailed outline in its State Plan Amendment (SPA) on how this tracking will occur. We expect that the transition strategic plan due to the Legislature in October will also need to include a description of the State's proposed out-of-pocket cost-sharing monitoring process.

DHCS will also need to clarify the new premium procedures under federal Medicaid rules and delineate what will be expected of the premium collection vendor, and what functions will be the responsibility of the State, particularly as it relates to procedures for delinquent premium payments, possible termination for non-payment, distribution and submission of premium evaluation forms, and due process rights. DHCS should remain accountable for all aspects of the premium collection process and related terminations and have rigorous and transparent oversight of the vendor.

PROVIDING FOR FAMILY ASSISTANCE AND SUPPORT THROUGHOUT THE TRANSITION

DHCS bears a responsibility for ensuring that all children in need of care or assistance get connected with the help they need. DHCS should establish a hotline where patients can call to find a medical and/or dental provider currently accepting appointments for Medi-Cal enrollees in fee-for-service areas of the state. In managed care, the health plans are responsible for connecting patients with a doctor, but in Medi-Cal and Denti-Cal fee-for-service, there is no one repository for families to identify providers who are accepting new appointments. A provider directory hotline will be a valuable benefit for all children and families in fee-for-service Medi-Cal/Denti-Cal.

In addition, DHCS should maintain an up-to-date list of active Certified Application Assistors (CAAs) where families can get help in-person or over the phone in a culturally sensitive way, including for families that are Limited English Proficient. DHCS should also establish a close referral system with health insurance navigators when the navigator program gets established next year through the California Health Benefit Exchange. Efforts to further invest in and improve the consumer assistance infrastructure should strongly be considered in the context of the Healthy Families transition.

The implementation planning period over the next several months is critical to the success of this transfer of Healthy Families children. We stand ready to work with the Administration to effectuate the assurances made that children will transition seamlessly and that no child is moved into Medi-Cal until there are sufficient providers to care for the child promptly.

Sincerely,



Ted Lempert
President
Children Now



Corey Timpson
Director
PICO California



Suzie Shupe
Executive Director
California Coverage & Health Initiatives



Wendy Lazarus
Founder and Co-President
The Children's Partnership



Jamila Iris Edwards
Northern California Director
Children's Defense Fund California



Peter Manzo
President & CEO
United Ways of California

cc: Toby Douglas, Director, Department of Health Care Services
Brent Barnhart, Director, Department of Managed Health Care
Janette Casillas, Executive Director, Managed Risk Medical Insurance Board



CH1LDREN NOW



What Families Should Know About Changes to the Healthy Families Program

In this year's state budget, Governor Brown and state lawmakers decided to move all 875,000 children enrolled in the Healthy Families Program into the Medi-Cal program in order to combine the state's health care services for children into one program. Medi-Cal is a state program that provides comprehensive medical, dental and vision coverage to millions of Californian children.

Healthy Families children will not move to Medi-Cal until January 2013 at the earliest.

- For parents with children in Healthy Families, nothing about your child's health coverage will change immediately.
- Families will receive a notice from the state at least two months before any change in their child's coverage.
- The move is expected to happen in four phases – individual move dates will vary depending on where the child lives and the child's current health plan.

Children will not lose health coverage.

- While the move may require some families to choose a new health plan or change their doctor or dentist, children currently in Healthy Families will continue to have comprehensive health insurance, with no gap in coverage.
- Medi-Cal coverage includes all the benefits of Healthy Families coverage, including mental health benefits.
- The cost of premiums will *not* increase, and families with incomes determined to be at or below 150 percent of the federal poverty line will no longer be charged premiums once they move to Medi-Cal.

Healthy Families and Medi-Cal remain open for enrollment and families can still apply today for either program.

- Families can still apply for free or low-cost health coverage for their children in Healthy Families or Medi-Cal. To apply, families can:
 - Call 1-877-KIDS-NOW (1-877-543-7669);
 - Visit www.healtheapp.net;
 - Find a local certified application assistor (CAA) by visiting <http://bit.ly/N1Dos6>; or
 - Visit your county social services office (find locations at <http://1.usa.gov/Nj3as3>).

Parents with children in Healthy Families should watch for a series of mailed letters from the state, which will provide information about any steps families need to take before moving to Medi-Cal. Families who receive renewal notices for their Healthy Families coverage should

For more information on children's health coverage in California, visit: www.100percentcampaign.org



CH1LDREN NOW



continue the renewal process to ensure they maintain continuous coverage. Families should also continue to pay their Healthy Families monthly premiums to maintain continuous coverage.

Questions or problems with accessing children's health care or coverage should be directed to the [Health Care Help Center](#) (1-888-466-2219).



CH1LDREN NOW



Lo que deben saber las familias sobre los cambios al programa de Healthy Families

Para el presupuesto estatal este año, el Gobernador Brown y los legisladores estatales decidieron pasar a todos los 875,000 niños inscritos en el programa de Healthy Families al programa de Medi-Cal. Esto se hizo con el fin de combinar los servicios estatales del cuidado de salud para los niños en un solo programa. Medi-Cal es un programa estatal que brinda cobertura médica, dental y oftalmológica comprensiva a millones de niños californianos.

Los niños de Healthy Families no cambiarán a Medi-Cal hasta enero del 2013 como muy pronto.

- Para los padres que tienen niños en Healthy Families, ningún aspecto de la cobertura médica cambiará inmediatamente.
- Las familias recibirán un aviso del estado por lo menos dos meses antes de cualquier cambio en la cobertura de su hijo.
- Se espera que el cambio suceda en cuatro fases. Las fechas específicas del cambio varían según donde vive el niño y su plan de salud actual.

Los niños no perderán su cobertura médica.

- Mientras el cambio pueda requerir que algunas familias escojan un nuevo plan de salud o cambien de doctor o dentista, los niños que actualmente tienen cobertura de Healthy Families seguirán con su seguro de salud comprensivo sin ninguna interrupción.
- La cobertura de Medi-Cal incluye todos los beneficios de la cobertura de Healthy Families, incluyendo los beneficios de salud mental.
- El costo de las primas *no* subirá, y ya no se cobrarán las primas a las familias una vez que cambien a Medi-Cal mientras tengan ingresos menor o igual que el 150 por ciento del nivel federal de pobreza.

Healthy Families y Medi-Cal siguen disponibles para inscribirse y las familias pueden solicitar cobertura hoy mismo con cualquier de los dos programas.

- Las familias todavía pueden solicitar cobertura médica gratuita o a un bajo costo para sus hijos por medio de Healthy Families o Medi-Cal. Para solicitar, las familias pueden:
 - Llamar 1-877-KIDS-NOW (1-877-543-7669);
 - Visitar www.healthapp.net;
 - Encontrar un asistente certificado para solicitudes (CAA) en su área al visitar <http://bit.ly/N1Dos6>; o
 - Visitar la oficina regional de servicios sociales (ubíquelas en <http://1.usa.gov/Nj3as3>).

Los padres que tienen hijos en Healthy Families deben estar pendientes de una serie de cartas enviadas por el estado, las cuales proveerán información sobre cualquier paso que las familias necesiten tomar antes de cambiar a Medi-Cal. Las familias que reciben avisos de renovación de su cobertura de Healthy

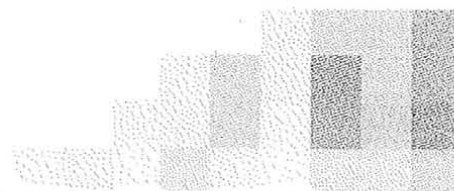
Para mayor información sobre la cobertura medica para los niños en California, visite: <http://www.100percentcampaign.org/espanol>.

Families deben seguir el proceso de renovación para asegurar una cobertura continua. Las familias también deben seguir pagando las primas mensuales de Healthy Families para evitar una interrupción en la cobertura.

Por favor diríjanse al [Health Care Help Center](tel:1-888-466-2219) (1-888-466-2219) si tienen alguna pregunta o consulta sobre el acceso al cuidado de salud o cobertura de los niños.



ORAL HEALTH ACCESS COUNCIL



August 9, 2012

Janette Casillas
Executive Director
The California Managed Risk Medical Insurance Board
1000 G Street, Suite 450
Sacramento, CA 95814

RE: Transition of HFP Subscribers to Medi-Cal Draft Transition Plan

Dear Ms. Casillas,

The Oral Health Access Council (OHAC) appreciates the opportunity to comment regarding the Transition of Healthy Families Subscribers to Medi-Cal Draft Transition Plan (the Plan). OHAC is a multi-lateral, non-partisan effort directed toward improving the oral health status of the state's traditionally underserved and vulnerable populations. With a membership of over 50 organizations representing a diversity of oral health stakeholders, OHAC has become California's most broad-based and unified voice for oral health..

OHAC is very supportive of the Plan's proposal to hold joint and coordinated meetings between MRMIB, DHCS, and the Health, Dental, and Vision plans, and to conduct a network analysis. We appreciate the focus on maintaining continuity of plans for children where possible, but there should also be a strong focus on continuity of *provider*, not just continuity of plan.

Providing for comprehensive dental care is essential to ensuring a successful transition, and we strongly urge that adequate dental care be a priority in the Plan. Cutting back on dental care for children will only cause additional cost to the state in the long term, as emergency room visits for preventable dental problems cost the State \$55 million in 2007.¹

Recommendation

OHAC strongly recommends that MRMIB and DHCS work towards ensuring that children, once transitioned, will have access to dental care by expanding the network of private providers to cover the influx of children.

We look forward to working with DHCS and MRMIB to ensure that dental access for children continues to be a priority. If you have any questions about these recommendations, please contact, Sean C. South at (916) 440-8170 or ssouth@cpca.org. Thank you for your attention and consideration.

Sincerely,

Sean C. South

Oral Health Access Council

¹ Emergency Department Visits for Preventable Dental Conditions, a report by the California Healthcare Foundation
<http://www.chcf.org/publications/2009/03/emergency-department-visits-for-preventable-dental-conditions-in-california#ixzz1jm7RXanD>.

TRANSITION OF HFP SUBSCRIBERS TO MEDI-CAL

What we need to tell Families:

Note:

- (1) None of these notices are in the current Maximus contract to send out...It would be excellent if the notices could be developed with variable text, then the notice could more easily change by audience
- (2) All information below should be included in some way in each notice from very general in the General Notice to the most specific in the final notice
- (3) For all HFP Subscribers Most of the items on page 1 will be included in a general way

	HFP NOTICES				Medi-Cal Notice
	General Notice	90 Days Advance	60 Days Advance	30 Days Advance	1 st Month of Coverage
High level overview of change					
Law Change to HFP	X				
Children will be moved to Medi-Cal in 2013	X				
This will take us throughout most of the year to accomplish	X				
Medi-Cal coverage includes all the benefits of Healthy Families coverage	X				
Delivery system is different, will need to describe	X		X	X	
What to Expect/Next Steps (if applicable)	X				
What to do, who to contact if there is a change in circumstances/family's information.				X	X
4 Phases					
Children will transition in phases.					
Confirmation that they are in the same/connected plan (Phases 1 & 2) or that they are in, or will be in, the plan of their choice (Phases 3 and maybe 4).		X	X	X	
Application Process					
All application processes still available: Health-e-App, Phone in Application, Paper Application.					
	General Notice	90 Days Advance	60 Days Advance	30 Days Advance	1st Month of Coverage

Annual Enrollment					
Families need to follow through with Redetermination Notices. Depending on renewal date, HFP will conduct some of the redeterminations and for others, the County will.				X	X
Confirmation that their annual enrollment date will remain the same.					
Premiums					
Families must continue to pay their premium while in HFP.	X				
Most families will pay less or no premiums after they have transition to Medi-Cal.					
Information about Premiums in Medi-Cal.					
EFT.					
4 th Month Free.					
Notices					
Welcome Packet from <u>Medi-Cal</u> and <u>Plans</u>				X	X
• What is included in each					
Mail Welcome Packet.				X	
BIC Cards and Managed Care Plan ID cards					
Notification that they are coming and what to do with them.				X	
Benefits Identification Card (BIC) /what it is and when to use it.				X	X
BIC Card Special Stuffer with Transition Group Information.				X	X
BIC Mailing.				X	X
Medical Plans					
Briefly state what Medi-Cal offers - medical.					
Fewer co-pays.					
Families will need to know how opportunities and process in Medi-Cal for health plan choice, physician availability and continuity of care.					

	General Notice	90 Days Advance	60 Days Advance	30 Days Advance	1 st Month of Coverage
Vision Plans					
Briefly state Medi-Cal - Vision.					
Families will no longer have a vision plan however they will get these services (exams/eyeglasses) through their health plan.					
Mental Health and Drug and Alcohol Program					
All Mental health services will be provided by the County Mental Health Departments.					
Briefly state what Medi-Cal offers - Mental Health and Drug and Alcohol Program.					
Dental					
Dental services provided by dentist enrolled with Medi-Cal except in Sacramento & Los Angeles Counties.				X	
Briefly state what Medi-Cal offers - dental.				X	
Provide general information on FFS program (Denti-Cal).				X	
Inform Families of Denti-Cal Beneficiary Customer Service Line – <i>The Customer Service line is available to beneficiaries to obtain information on benefits, locate providers, etc.</i>				X	
Inform Families how to locate Denti-Cal provider - <i>Denti-Cal does not assign providers to beneficiaries. It is important to notify beneficiaries prior to their transition from HFP to Denti-Cal on how to locate a provider so they may access services on the first day they phase into the program.</i>			X	X	
Inform availability of/information on Denti-Cal website				X	

	General Notice	90 Days Advance	60 Days Advance	30 Days Advance	1 st Month of Coverage
Sacramento – Dental Managed Care Mandatory					
Inform Families of same dental plan vs. new dental plan – <i>There are dental plans with HFP that link to Medi-Cal Dental that some beneficiaries will transition straight to with the option of the others. There will also be some beneficiaries who will be linked to a new dental plan based first on their primary care provider. Those individuals will need to know where they are now enrolled.</i>				X	
Inform Families of the Beneficiary Dental Exception Process – <i>Enrollees who are having issues accessing services may call the Dental Managed Care Toll Free line to be assisted.</i>				X	
Inform Families on how to change dental plans – <i>Beneficiaries in Sacramento can change dental plans.</i>				X	
Los Angeles – Dental Managed Care Voluntary					
Inform Families of same dental plan vs. FFS – <i>If the dental plan in HFP is not a Medi-Cal Dental plan the member will be transitioned into FFS. All FFS notice apply. If they are in a dental plan with HFP that links to a Medi-Cal Dental plan those individuals will be transitioned to the like plan with Medi-Cal Dental. Those individuals need to know they have an option of dental plans or FFS.</i>				X	
Inform Families on how to change dental plans – <i>HCO call center to transition into a different dental plan or FFS.</i>				X	
Inform on how to access services – <i>same provider.</i>				X	

HEALTHY FAMILIES PROGRAM to MEDI-CAL TRANSITION Stakeholder Engagement Timeline

	<u>Meetings</u>	7/12	8/12	9/12	10/12	11/12	12/12	1/1/13 Phase 1	2/13	3/13	4/1/13 Phase 2	5/13	6/13	7/13	8/1/13 Phase 3	9/1/13 Phase 4	10/13	11/13	12/13
MCARE	Weekly All Plan Meeting	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
MCARE	Quarterly Advisory Group			X			X			X			X			X			X
Dental	Stakeholder Meeting #1 All Plan Meeting	X	X	X	X	X	X	X											
Dental	Stakeholder Meeting #1 All Other Stakeholders		X	X	X	X	X	X											
Dental	Stakeholder Meeting #2 Notifications			X															
Dental	Stakeholder Meeting #3 Continuity of Care				X														
Dental	Stakeholder Meeting #4 Reporting									X									
Dental	Weekly Meeting with Dental Fiscal Intermediary		X	X	X	X	X	X	X	X									
Eligibility	Ongoing Weekly County, Consortia, ITSD, MCED, MAXIMUS, MRMIB meetings	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X			
Eligibility	CWDA Meeting with Cathy Senderling. Discuss Consortia needs.		X	X	X	X		X	X	X	X	X	X	X	X	X			
Eligibility	Quarterly advocate meeting	X			X			X			X				X				
Agency	General Stakeholder Meetings		X	X			X												
MRMIB	Quarterly Advocate Meeting				X			X			X			X			X		
MRMIB	Monthly HFP Health, Dental, Vision Mtg		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
MRMIB	Quarterly HFP Advisory Panel Meeting		X			X			X			X			X			X	
MRMIB	Board Meeting		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
DMHC	Quarterly Consumer Advocate Meeting	X			X			X			X			X			X		
DMHC	Quarterly Health Plan Oversight Meeting			X			X			X			X			X			X

08/14/02